

## Veterans Affairs Department Membership May 1, 2017 - April 30, 2018

Last Name	First Name	Initial
Address	City / State	Zip
Phone # (Cell)	Phone # (Home)	Email
Department Position	Lodge / Temple	City / State
Your Local VA Hospital	Position (Rep/Deputy/Volunteer)	City / State
Status (Veteran/Active Duty/Non-Vet)	Proof	Verified (Only by GR DIR)
War Era Served		
Mail form and payment to : Veterans Affairs Department *P.O. Box 3325* Bethlehem, P.A. 18017		
Dues: Vets \$15.00	Non-Vets \$18.00	